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SOS
610 N. Silver St
Silver City, NM 88061
575-958-6131
575-958-6947
Medicaid ID: YIF905154145

Yazzie, Joshua

ID: 153 DOB: 7/5/1984

Case Management Note (SOS)

Use Note Creation Time
Clear Time
Set Date/Time

7/30/2023
1:11 AM

Plan: Continue to accommodate client to the best of shelter abilities and continue to prompt client to continue participating in programming plans now being implemented by shelter staff.

History of Risk Factors:
*History of Abuse:
*History of Alcohol or Substance Abuse

Current Risk Factors:
*Absent or Weak Support System:
*Experiencing Severe Anxiety or Panic
*Current Alcohol Abuse is Present
*Substance Abuse is a Current Problem

Suicide Risk Assessment:
Suicidal plans or intentions are denied by Joshua.

Suicide Risk:
Based on the above risk factors, Joshua's risk of suicide is considered Low. Fleeting thoughts may be present but there is no intention or plan.

Violence Risk:
Based on the above risk factors, Joshua's risk of violence is considered Low. Aggressive or violent impulses are intermittent or fleeting without plan or intent.

Access to Lethal Means:
Access to lethal means was discussed with Joshua. He denies having access to lethal means at this time.

3 Units for H0038 Peer Support - UH, HM, TV

Time spent face to face with patient and/or family and coordination of care: 45 min

Session start: 9:15 PM
Session end: 10:00 PM

rcd

Ryan Dingess, CSW

Electronically Signed
By Ryan Dingess, CSW

Service Location
Turn

Audit Log

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find

(Please click in the field and scroll down to see full text of note.)

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Capture Signature

#2 Signed By:

Capture Signature

#3 Signed By:

1 of 1

7/30/23, 6:56 PM